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The Hampden Hippocrat

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Hampden District Medical Society

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1943 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, APRIL, 1961

EDITORIAL

TALL TIMBER

As the fickle sunlight flooded the crowded sanctuary at the memorial service for Dr. William A. R. Chapin, it seemed as if the fates at last had relented and added a final warming tribute to the man-made encomiums that were spoken. There was ample evidence, too, of widespread esteem for this intrepid soul who cared for so many and accomplished much in spite of numerous difficulties encountered in his allotted span of three score years and ten plus one.

In keeping with his Chapin heritage, Bill was deeply moved at the start of World War II when he found many fellow practitioners entering voluntary medical service with the armed forces. He determined to keep them in touch with doings at home or wherever duty called. He persuaded a group to undertake the publication of a bulletin for the Hampden District Medical Society to serve as a sounding board for news and current problems of Western Massachusetts. With his managerial aid, the 'Hampden Hippocrat' lived through war-time urgencies, and today is a self-sustaining monthly magazine, a worthy memorial to honor the man who cared enough to do his part.

Belatedly the realization became clearer that we indeed had lived and worked and striven with a fellow mortal who had proved himself worthy to be classed among the "tall men, sun-crowned, who live above the fog in public

duty and private thinking". We remember Bill's pathetic assurance at the recent meeting of the Hampden District, given perhaps with the presentiment that it might be his last opportunity, that whatever he had said or done in the past or on impulse was never prompted by the desire for self advancement.

Fittingly, we bade farewell to our friend and co-worker with scriptural backing as prescribed in Second Chronicals, 6, 8 : "Forasmuch as it was in thine heart to build a house for my name, thou didst well in that it was in thine heart".

E. P. B.

IN MEMORIAM

William A. R. Chapin, M. D.

Dr. William A. R. Chapin of Springfield, Mass., died at the Springfield Hospital on March 15, 1961.

Dr. Chapin was born in West Springfield, Mass., on March 15, 1890. He graduated from the University of Vermont Medical School in 1915. He interned at the Springfield Hospital and the Lying-In Hospital in New York. He did postgraduate work in surgery at various medical centers. He served with distinction in World War I, being decorated for gallantry in action with the Military Cross by King George V of Great Britain in 1918.

Upon discharge from the Army, Dr. Chapin returned to his practice in Springfield, where he concentrated on surgery and anesthesia at the Springfield Hospital.

Dr. Chapin served as Police Surgeon from 1921 to 1930, as City Physician for several years, and as a School Physician for a long period of time. From 1941 until his death, he served as Medical Examiner for the Second Hampden District.

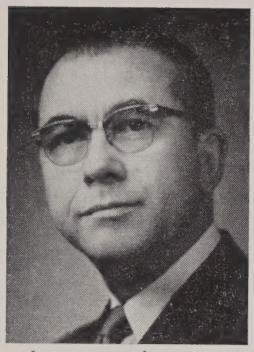
After World War II, Dr. Chapin worked diligently for the erection of the Springfield Municipal Hospital, and in 1948 became its first chairman and served in this capacity for several years.

Dr. Chapin was a former President of the Springfield Academy of Medicine, a former councilor and Vice-President of the Mass. Medical Society, and a former Legislative Chairman of the Hampden District Medical Society. He was a member of the American Medical Association, the American Society for Regional Anesthesia, and the American Geriatrics Society.

Dr. Chapin wrote various articles and books including "Wanted: Tall Men", a history of medicine in Springfield. He was also a founder and Managing Editor of "The Hampden Hippocrat".

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

President's Page



ANNUAL REPORT (APRIL, 1961)

It is customary for the outgoing president to review, in his Annual Report, the accomplishments of the Society during the past year. Without wishing to appear boastful, I could fill all the pages of the Hippocrat describing these many accomplishments. The Annual Report also gives the President an opportunity to thank all those who made these accomplishments possible. Here again, I could fill "the book" to overflow. Instead, however, I will *thank* you all personally as I see you, and to *urge* you - - STRONGLY - - not only to continue your interest and your labors but also to enlist as many others of your fellow members as you possibly can, to take an active part in our organization.

What I want to speak about most of all in this, my final report, is the *spirit* of our organization, which may be defined as **". . . . the composite of the attitude of its members towards the purpose of the organization and towards each other".** What is our purpose? Is it a feeling that we-must-join so that we can get on a hospital staff, or that we could get malpractice insurance? Is it prestige? Is membership in Hampden District Medical Society a symbol of status, or is it a desire for fellowship and comraderie or for unity of action?

Perhaps, it is a little of all of these - - but mainly, I think, it is that over the centuries, physicains - - no matter where - - have always banded together because of a common interest: **The care of the sick.** Our profession has a "medical instinct", a desire, a drive, an inner feeling - - call it what you may - - to relieve pain, to comfort the afflicted and to heal the sick. I sincerely believe that the large, large majority of our members are dedicated to their task because of these noble motivations. I believe also that we do have a few "bad apples" in our midst, but I am of the opinion that their number is no greater now than it has ever been. And finally, I believe that the recent tendency on the part of the press and the politicians to downgrade the physician, and to distort his image, is totally unwarranted. The physician of today is *not* selfish and mercenary, as he is often pictured to be, but - - if the high-powered down-grading-process continues, the-physician-of-tomorrow I am afraid, may well become so.

There has been, and there will continue to be, a drop in the number of medical school applicants - - and what is worse - - a drop in their quality. Also, many dedicated physicians will be tempted to retire at an earlier age, because of political threats of interference with the practice of medicine. We will be developing highly skilled "technical-people" practicing medicine, who will be impersonal, and who will *lack* the humane qualities of the traditional physician. They will see nothing wrong in banding together for selfish interests: an eight hour day, long week-ends, vacations, pension plans, sabbaticals and retirement funds. Will they be open to criticism? How can they be if this is what the political interests have brought about. After all this is what nearly every other group has already. Medical Care, then, will be available to all on

the promotional and large production basis. The only thing lacking, will be the human approach, because the individuals who have that "inner instinct" referred to above, will be driven out of the medical profession.

A speaker from Washington, on a panel discussion on SS coverage of Medical Care for the Aged said: "Do you think the doctor will no longer have a real interest in his patient, of course he will, he is dedicated to the care of the sick." The point that this public-relations man forgets, is that such an individual will not be in the ranks of the physicians of his scheme. The individuals applying for medical training will be those who, like him, will look ahead to see: that the-hours-are-right, that there are coffee breaks, rest periods, holidays out, leisure-time programs and retirement pension funds - - also, housing and work-area facilities, laboratory and research projects and the "number" of assistants - - all will be considered.

There will be *no place* for the individual who wants to be a physician because he likes doing things for people, because he likes to help people in distress, assist someone to overcome a physical or mental impairment. The time-schedule will not permit this, the technician-physician, except, for the few who will have the responsibility to run this huge Federal Medical Machine, will look at the clock: "It is 2:30 - - at 3:00 o'clock my eight hours are up. The next physician who comes on duty can struggle with this problem".

I firmly believe that most of us, *physicians and patients* alike, prefer the practice of medicine the way it has existed for generations rather than the governmental *give-away schemes* that political interests now seek to foist upon us.

Alfonso A. Palermo, M. D.

EXECUTIVE COMMITTEE HIGHLIGHTS

The March meeting of this committee was called to order at 5:55 P.M., Dr. Palermo presiding.

Dr. Kendrew, Chairman of Medico-Religious Committee, stated the Springfield Council of Churches through their Hospital Service Committee would like to hold a joint dinner of clergymen and physicians, featuring a physician and clergyman as speakers. They would also like to present a "Beloved Physician" award to a member nominated by the H.D.M.S. It was decided to approach the Society on the matter. Dr. Palermo reported on a meeting of representatives of all the four Springfield Hospitals with regard to the implementation of the Gallupe Plan. Further action will follow. (See page 12.)

A letter from Everett Spencer, M. M.S. Public Relations representative was read asking us to protest Bill H2454, allowing chiropodists to prescribe medicine.

A letter was read from a local chiropodist to explain why chiropodists should be in Blue Shield. It was voted to reply that we support the M.M.S. viewpoint and that requests of this sort should be expressed at the state level.

It was suggested that prior to regular Society meetings all committee informational reports be published in the Hippocrat, as is now done for the Annual meeting, thus saving much time at District meetings.

The meeting adjourned at 7:10 and met as the Grievance Committee.

John A. Burke, M.D.,
Protem

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S-765

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ANNUAL REPORT OF THE SECRETARY (1960 - 1961)

The Hampden District Medical Society has reached a total membership of 517, an increase of eleven over last year.

Four District meetings were held with an average attendance of two hundred, at Storrowton Tavern. In spite of decreasing the time for the social hour, the meetings ran well past 10:00 P.M. because of the amount of business transacted and the lively discussions.

A business office for the society was suggested in the annual report of 1948-1949 by Dr. Williams, and this has finally been approved and will become a reality for the new year. Not only will a full time executive secretary help the public relations of this Society, but will make the jobs of committeemen and their office secretaries easier. It is hoped that a new specialty filing system relative to the various areas in the district may be instituted so that patients may be referred to family doctors and specialists more satisfactorily.

Because the job of secretary has required an apprenticeship and has been so demanding of one's time, it should become easier for busy practitioners to assume the responsibility for several years with a well trained executive secretary.

Respectfully submitted,
Ray T. Smith, M. D.
Secretary

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BLUE SHIELD DISTRICT PROFESSIONAL SERVICE COMMITTEE (Annual Report, April, 1961)

A summary of the activities of the Blue Shield Committee for the year 1960 to 1961 is as follows:

1. The Committee was represented at a Blue Shield Professional Relations Conference held in Boston. A resume of the pertinent data was presented to the H.D.M.S. at one of its regular dinner meetings.
2. The entire Committee met with three representatives of the Blue Shield home office in Springfield. An abstract of this conference was presented to the Society.
3. Despite the vast number of Blue Shield Claims submitted from the Hampden District, the Committee is happy to say that only two grievances needed investigation. In both instances the patient complaints were not justified.
4. At the request of Doctor Joseph Healy of Westfield, spokesman for the Podiatrists, your Committee Chairman met with him to discuss the feeling of H.D.M.S. regarding their becoming participating Blue Shield "Physicians". The unanimous expression of the Society in opposition to their inclusion in Blue Shield was quoted verbatim from the minutes of the secretary.

The Hampden District Blue Shield Professional Committee has enjoyed serving its Society and thanks Doctor Palermo for his cooperation and the opportunity to have been able to serve him.

Respectfully submitted,
Walter J. J. Nero, M.D.
Chairman

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INTERNAL AND PUBLIC RELATIONS

by

Everett R. Spencer, Jr., Director

Public Relations and Administration, Massachusetts Medical Society

In a recent letter to Dr. E. Vincent Askey, president of the American Medical Association, a young member of the Hampden District Medical Society wrote:

> "The Massachusetts Medical Association is completely undemocratic and completely out of touch with 95 per cent of its members. The only way we can improve the situation is resigning in Massachusetts and starting a new organization."

As for the AMA, this physician wrote: "I think, that if you sent a spot check to the members of the AMA, you would find that most of us completely disagree with *everything* that the AMA stands for." (Italics ours)

As for our delegates to the AMA, he wrote: "The delegates who are sent from here to the National Association, are always of the *idle fringe, most of the practicing physicians have nothing to do with.*" (Italics ours)

As for the Society's Council, he wrote: "Do you think it is democratic for the Massachusetts society to have in its by-laws, that nothing will be brought up by the Council sessions that is not on the agenda that has already been determined by the select few?"

One cannot blithely pass over such criticism by stating merely that it is not indicative of the attitude of the majority of physicians, nor can the abuse of the AMA delegates be excused as the unwarranted and unjust criticism of a malcontent.

The author of the letter may be reflecting views held by other physicians, and, if so, points up the problem that, in their preoccupation with public relations, interested, informed and active physicians in organized medicine have failed to develop within their own ranks a mutual understanding and respect of organized medicine's structure, aims and objectives.

Many sins of omission and commission have been made in the name of public relations. In many instances, public relations has become somewhat of a game in which the more adroit in the ways of Dale Carnegie succeed, and the supposedly less astute flounder in a maze of mirrors reflecting poor images.

Public relations is not a game that can be won by superficialities. And no amount of public relations planning and programs will obtain public understanding and support for an organization if that organization lacks the understanding and support of its members.

A district medical society, sincerely

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interested in the public relations problem of the medical profession, would do well to embark on a program of self-evaluation and action to enhance the practice of medicine as an art and science and to maintain and extend high standards of medical ethics and practice—all in the best interest of the patient the physician is dedicated to serve.

An honest self-evaluation may reveal that the attitudes of the general public toward the medical profession in many respects is merely a reflection of the attitudes and views of many physicians.

Good internal relations as pointed out in a previous issue of the *Hippocrat,* are essential to good public relations. A comprehensive program of communications is essential to good internal relations. "The greatest problem of communications" one wisely stated, "is the illusion it has been achieved." Many district medical societies may be operating under that illusion.

How, then, can a district medical society develop a more informed membership? Do a better job of communicating?

Here are a few suggestions:

1. Develop an effective indoctrination program aimed at informing new members of the aims and objectives of organized medicine.

2. Encourage the participation of the young physician member in Society affairs. District societies have been criticized for not giving the young post-war physician positions of importance in Society affairs.

3. Work for the development of district meetings that will attract *all* members in order that the voice of the district society will be the democratic, representative voice of the majority of members

4. Encourage the continued participation of the minority in Society affairs. The minority, as it happens in a democracy, often becomes the majority.

5. Develop strong working committees with representative membership.

6. Between meetings, keep the membership advised of problems and supplied with pertinent information.

Once internal relations have been improved, and the membership is informed and acting in the best interests of the medical profession and the public, members will still write to AMA presidents criticizing AMA activities, but their criticism will be an informed criticism—objective, constructive and without malice. End

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ANNUAL REPORT REHABILITATION COMMITTEE (April, 1961)

This is a Rehabilitation Committee report of the Hampden District Medical Society. This report is informational.

There was only one meeting of the Rehabilitation Committee held during the years 1960 and 1961. This meeting took place at the Municipal Hospital on November 8, 1960 along with the President Dr. Palermo.

The purpose of the meeting was to inform Dr. Palermo of the past and present problems of rehabilitation in Springfield. The entire situation was reviewed at that time and it was felt that this committee should remain as a standing committee but in an advisory capacity.

Edward J. Ferrarone, M.D.
Chairman

ATTENTION COMMITTEE CHAIRMEN!

If you are planning to present a report at the Annual Meeting (April 25), please bring along an extra copy for the Hippocrat.

Editor

THE MASSACHUSETTS SOCIETY FOR INTERNAL MEDICINE
PRESENTS
A DAY WITH ENZYMES
WEDNESDAY, APRIL 19, 1961
9:30 a.m. to 4:00 p.m.
New England Deaconess Hospital
Joslin Auditorium
194 Pilgrim Road, Boston, Massachusetts
REGISTRATION FEE
$3. FOR NON-MEMBERS
All Physicians and Students Welcome
No registration fee for House Officers and Students.

COMING EVENTS

MASS. CHAPTER AMERICAN ACADEMY OF GENERAL PRACTICE, APRIL 29 - 30, SCHINE INN, CHICOPEE, MASS.

AMERICAN ACADEMY OF GENERAL PRACTICE, APRIL 17 - 20 MIAMI BEACH, FLORIDA

EXECUTIVE COMMITTEE MEETINGS, APRIL 18 AND MAY 16

HAMPDEN DISTRICT MEDICAL SOCIETY, ANNUAL MEETING, APRIL 25

SPRINGFIELD ACADEMY OF MEDICINE ANNUAL MEETING, MAY 9, 1961, MUNICIPAL HOSPITAL

M.M.S. ANNUAL MEETING, BOSTON, MAY 22, 23 and 24

AMERICAN MEDICAL ASSOCIATION, ANNUAL MEETING, JUNE 26 - 30, NEW YORK CITY

AMERICAN COLLEGE OF PHYSICIANS, MIAMI BEACH, MAY 8 - 12

NATIONAL HOSPITAL WEEK - MAY 7 - 13

THE ANNUAL MEETING OF THE HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: Tuesday, April 25
Social Hour 6 p.m.*
Dinner 6:30
at expense of Society

PLACE: Storrowton
1305 Memorial Avenue
West Springfield

AGENDA: Annual Reports of Officers and Committees

Final Action on By-Laws

Other ethical, organizational and socio-economic affairs.

Election of Officers

YOUR PRESENCE IS URGENTLY REQUESTED

Ray T. Smith, M.D.
Secretary

*PLEASE NOTE CHANGE IN TIME

"GALLUPE" CONFERENCE

Representatives of the Massachusetts Medical Society, the Hampden District Medical Society and of the several hospitals in the Springfield area met Wednesday, March 15, at the Colony Club to consider the problem of the Gallupe Plan implementation in the City of Springfield. This plan, dealing with hospital affiliation for graduates of unrecognized medical schools, was approved by the Massachusetts Medical Society in 1946. (See page 13.)

The meeting at the Colony Club was occasioned by a grievance received by the M. M. S. from 17 Springfield physicians that they were being discriminated against by hospitals solely because they were graduates of unapproved schools. All the signers of the petition were members of the M. M.S., and none, according to the grievance, had been granted hospital privileges. It was disclosed by those attending the meeting that of the four hospitals in the Springfield area one carried seven unapproved graduates; another carried 4, the third carried 1, and the fourth none. About thirty such physicians, who are members of the M.M.S., are listed as practicing in the Springfield area.

Representing the M.M.S. was Dr. Donald A. Nickerson, chairman of the Committee on Professional and Hospital Relations. He emphasized that it was not his intent to tell the local hospital what to do, but that the M.M.S. was anxious to see what might be done to alleviate the situation. He pointed out that Springfield was unique in this respect inasmuch as other hospitals throughout the state, including the M.G.H., Beth Israel and the Mass. Memorial Hospitals, carried such graduates on their staffs.

Following a very stimulating discussion it was agreed that each of the 4 hospitals, after due consideration at staff, joint conference and trustee levels, would apprise our District Society of their decisions. This, in turn, will be transmitted to the M.M.S. through Dr. Nickerson's Committee.

Chairman of the meeting was President Palermo who, with Vice-president Whitney and Secretary Smith, represented the H.D.M.S. Dr. D. A. Nickerson, as mentioned earlier, represented the Mass. Medical Society. Representing the hospitals were the following:

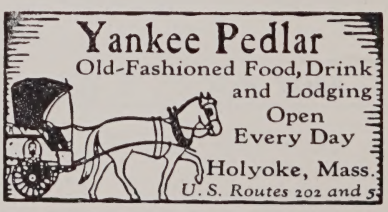
Mercy Hospital. Trustees: Rev. J. A. Russell and Mr. John T. Quirk.
Staff: Drs. Ambrose J. Connelly and Max Millman.

Springfield Hospital. Trustees: Mr. Harry G. Webster
Staff: Drs. Roderick A. Macaulay and Charles C. Derrick.

Wesson Maternity Hospital. Staff: Dr. Malcolm S. Allen.

Wesson Memorial Hospital. Trustees: Algernon Roberts and Scott M. Stearns.
Hospital: Robert F. Tuveson (Administrator)
Staff: Drs. Donald R. Hayes and John W. Turner.

M.



WHAT IS THE GALLUPE PLAN?

(Editor's Note: Elsewhere in this issue a report of a recent meeting concerning the Gallupe Plan in the Springfield area appears. In order to familiarize everyone with this plan an excerpt from the proceedings of the Massachusettts Medical Society Council's meeting of February 6, 1946, is herewith reprinted.)

"Report of the Committee on Public Relations.

"It is recommended by the Committee on Public Relations that a certain plan suggested by Dr. Quimby Gallupe be approved by the Council of the MMS. The plan is as follows:

"For many years the Commonwealth of Mass. has registered to practice medicine a number of physicians who have been graduated from unrecognized medical schools. Henceforward, by legislative action, physicians with unapproved educational background no longer will be eligible for registration in Mass. Such physicians who have been registered in the past, however, will continue to practice. They are the doctors of many families in the Commonwealth yet they may not be permitted to care for their patients in our hospitals. Such a situation may prevent patients from receiving as adequate medical care as they have the right to expect from the profession and it tends to encourage the flourishing of inferior hospitals. It is not for the public good. Therefore, the following proposal is presented—Let the trustees and staff of each licensed community hospital in Mass. that wishes to do so be encouraged to invite all registered doctors of medicine in its community to a meeting. At this meeting let the following plan be announced: **Henceforward**, all such registered physicians in the community are to be invited to attend the hospital's staff meetings, ward rounds, and clinicopathological conferences. The hospital's laboratory and x-ray facilities are to be made available to them. The opinions of the active and consulting staff members are to be made available for consultation. Such physicians are to be invited to send their patients to the hospital under the care of the hospital staff. Their professional behavior is at first, to be watched carefully by staff members who may come in contact with them and after a reasonable preliminary period of observation the courtesy privileges of the hospital may be made available to them under some such conditions as the following:

"At first, as members of the courtesy staff they will be privileged to care for their medical patients under staff guidance. They will not be permitted to do surgery or operative obstetrics until they can demonstrate that they have experienced satisfactory postgraduate training in those specialties or can prove, satisfactorily, their capabilities to the chiefs of these services. Their record will be carefully inspected. Their attendance at staff meetings and other conferences will

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be recorded. Their relations to their fellows and to their patients will be noted. Their full support of the community effort and their loyalty to the hospital will be expected. Eventually, if their work proves satisfactory, they may hope to attain full staff membership.

"Such a plan, to operate effectively, requires support of the trustees and the staff of each community hospital wishing to engage in an educational endeavor of this character. These bodies must appreciate that if their communities are to reap benefits from the plan, both trustees and hospital staff must work to perfect its details. The plan should be approved by the American College of Surgeons and the American Medical Association. To succeed, it requires support by the Masaschusetts Hospital Association and by the Massachusetts Medical Society."

ANNUAL REPORT OF THE EMERGENCY MEDICAL SERVICE
April, 1961

Ever alert to the continuously changing trends of our times, the Hampden District Medical Society inaugurated its Emergency Medical Service first on a voluntary basis in November, 1950 and then on a mandatory basis in April, 1953. At first all practicing physicians under the age of 65 were included on the roster, but due to the foresight of Doctor Miner, our previous Chairman, the statutory age was reduced to 55 with the ever-improving statistical number of physicians taking their own tour of duty. Beginning with more than 5,000 calls handled annually by the Emergency Medical Service, the year 1960 showed a progressive decrease to 1,374 calls for the Springfield area, 169 calls for the Chicopee area and 38 calls for the Indian Orchard and Ludlow areas. This decrease in numbers resulted from the continuous efforts of Doctor Miner and subsequently by our committee to weed out the unnecessary and the nuisance calls so that the Emergency Medical Service would function strictly as an emergency service. However, even at this time, 50 per cent of all the calls handled through our board come from people who have their own doctors, but who, for some reason, request emergency service in order to get "faster service" or to brook a gap made by the doctor's being away without adequate substitute coverage. Sixteen per cent of the cases appealing for emergency aid have been referred to the doctor on emergency call, and another 15 per cent of the calls made through the board are sent directly to the local hospitals because of the ap-

parent emergency for which the only solution is immediate treatment in a hospital without the intervening delay of sending out a doctor who would only then refer a patient to a hospital anyway. The remainder of the calls fall in the classification of alcoholics, cases treated at our local Police Station, the request for coroner service, people who "vent their spleens" unjustly on the Emergency Medical Service and who end up by not requiring or desiring further medical attention and nuisance calls. About 15 per cent of the people calling the Emergency Medical Service claim that they are from out of town and do not have a doctor of their own, transients who are in the city and who succumb while visiting here, and people who are tourists in hotels, motels and tourist homes.

For the most part the physicians in this area have behaved creditably and have performed this service to the community with enthusiasm. It has been the intention and code of the Emergency Medical Service to answer a call and to render aid first and to ask questions later if necessary or to argue the merits of whether the case was an emergency or not. The people, on the other hand, who have asked for this service have felt gratified at the way that they have been treated, and in many cases pleasant and lasting professional patient relationships have been established, and quite a few surgeons have benefited in obtaining surgical patients through this service.

The personnel handling the telephone switchboard deserve a great deal of commendation for the diplomatic manner in which they have handled numerous and trying incidents. Official action by the committee members has been reduced to a few isolated instances, and unfavorable publicity has been avoided by the concerted efforts of this Committee, and the President of the Society and the Chairman of the Public Relations Committee.

Maintenance of an Emergency Medical Service is not the ultimate goal and most ideal answer to this medical problem, but it has been pioneered here, and it has functioned well, and it deserves the continued and loyal support of each and every member until a better solution is forthcoming. Suggestions from the body at large are always welcome, and constructive criticism is always necessary in order to streamline and produce better relationships between the Society and the community.

This service, according to the Treasurer of the Society, costs the District Society approximately $1,300.00 per year to administer the program. In Springfield there is a telephone answering service, and the printing of the rosters is carried out by a professional firm. Chicopee, Ludlow and Indian Orchard are included in the Springfield area. In Holyoke there is, likewise, a telephone answering service. In Westfield the program is administered through the Noble Hospital.

Ten years after its inception, a great deal of credit is due to the men who first worked out the intricacies of the details of the service, namely Doctors Baker, Mace and Miner, and especially to Doctor Miner who preceded me as Chairman and who did such a tremendous yeoman's job.

Peter S. Zarecki, Jr., M. D.
Chairman

MEDICO-LEGAL COMMITTEE
(Annual Report April, 1961)

This year the Committee has met with a like Committee of the Bar Assn. and discussed numerous problems relating to both groups.

Some consideration was given to the signed permits in hospitals and although no decisions were made, it appeared likely, this study should continue, especially after the new edition of the Medico-Legal Forms book is released by the A.M.A.

There was some consideration given to the development of an Impartial Panel of Medical Examiners as used in New York. The lawyers were not particularly interested, but suggested that if there were a need here the judges would be the ones to request it.

The Medico-Legal code was reviewed and thought adequate, but it was decided that the Medico-Legal Authorization Form on the back page should have the word "Attorney" substituted for the word "Witness" at the bottom of the form. Since the lawyers admitted their inability to control the use of the forms it was agreed that the policing would have to be done by the Doctors themselves.

The following procedure should be followed after receiving a legal request for a medical report:

"Send a note stating you will gladly mail a report when you receive a copy of the Authorization Form signed by the patient and the Attorney"—enclose two of the forms with the note for convenience. If you follow this routine the results should be better.

Supplies of these forms will be left in the record rooms of the various hospitals, the Library of the Academy of Medicine and with your secretary.

Respectfully submitted,
Wayne C. Barnes, M. D.,
Chairman

ANNUAL REPORT OF THE EXECUTIVE COMMITTEE
1960 - 1961

The Executive Committee met monthly throughout the year, except during July and August, with good attendance. Summaries of each meeting were published in the Hippocrat in order to keep the entire membership informed on announcements and business. The Committee spent considerable time in discussion of the proposed business office which shall become a reality shortly.

The Grievance Committee received eight cases which required action, all being brought by patients. The secretary received many phone calls but these were usually misunderstandings and went no further. None of the cases was referred to the State Committee on Ethics and Discipline.

Respectfully submitted,
Ray T. Smith, M. D.
Secretary

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ON TO BOSTON

to attend the

Annual Meeting

of the

Mass. Medical Society

TIME: MAY 22, 23 and 24

PLACE: Statler Hilton Hotel, Boston

CORRESPONDENCE

Greetings from Dr. Schadt

Dear Hippocrat:

First, to tell you of my distress in learning of "Bill" Chapin's passing—tho I knew, of course, it was to be expected any time. I loved "Bill" and Lawrence Chapin, too, whose passing I learned only today when the March Hippocrat reached me. They will both be missed—grand friends, good conscientious physicians and kindly gentlemen, and steadfast friends, whom many families will find difficult to replace, as shall we.

Then, too, I am disturbed to learn of Allen Johnson's retirement—I can only hope it is not because of serious health difficulties. I shall always be grateful to him for his excellent care during my various illnesses.

I'm very anxious to let all my friends know that I've closed the New England Laboratories and office, at 44 Chestnut Street, and that Mrs. Schadt and I are now living in Princeton, Mass. We came here in late December to live with our children and grandchildren. I consider myself as only semi-retired as my practice is limited to consultation work.

Mrs. Schadt and I will be very happy to have our Hampden friends visit us or write to us at the following address: Worcester Road, P. O. Box #188, Princeton, Mass., Tel. Hobart 4-2384.

Affectionately,
George L. Schadt

Compliments
Edward F. O'Donnell
FUNERAL HOME
Springfield

ANNUAL REPORT OF THE PUBLIC RELATIONS COMMITTEE (APRIL, 1961)

This year the Public Relations Committee sponsored one television program on Mental Health under the capable guidance of Dr. Olive Cooper. A second program, entitled Community Cancer Control was not presented due to the unavailability of the television station.

The Science Fairs, this year fourteen in number, were again sponsored by the District Society. The winners and titles of the exhibits will appear in the next issue.

It may be of interest that the Hampden District Medical Society has given about $2500 in prizes for these Science Fairs in the past six years.

I want to take this opportunity to thank all the members of the Society who participated in making the awards for the Science Fairs.

It is anticipated that we shall have another Indoctrination Dinner Meeting for new members of the Society, in May.

There were two meetings of the State Committee of Public Relations which I attended in Boston.

J. M. Baker, M.D.
Chairman

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SPRINGFIELD ACADEMY OF MEDICINE

May 9th the Annual Meeting and election of officers will take place. Following this "Grand Rounds #9" (Sound Movie) will be presented. The topic will be:

Gastrointestinal Problems: Medicine, or Surgery?

Clinicians participating in this Grand Rounds:

Dr. Richard B. Cattell, Lahey Clinic

Dr. Philip J. Hodes (Moderator)
Jefferson Medical College

Dr. Franz J. Ingelfinger,
Boston University

Dr. Michael J. Lepore,
Columbia University

Rodney Maingot,
Royal Free Hospital, London, Eng.

Dr. Richard Schatzki,
Harvard University

Dr. Owen H. Wangensteen,
University of Minnesota

Dr. Robert M. Zollinger,
Ohio State University

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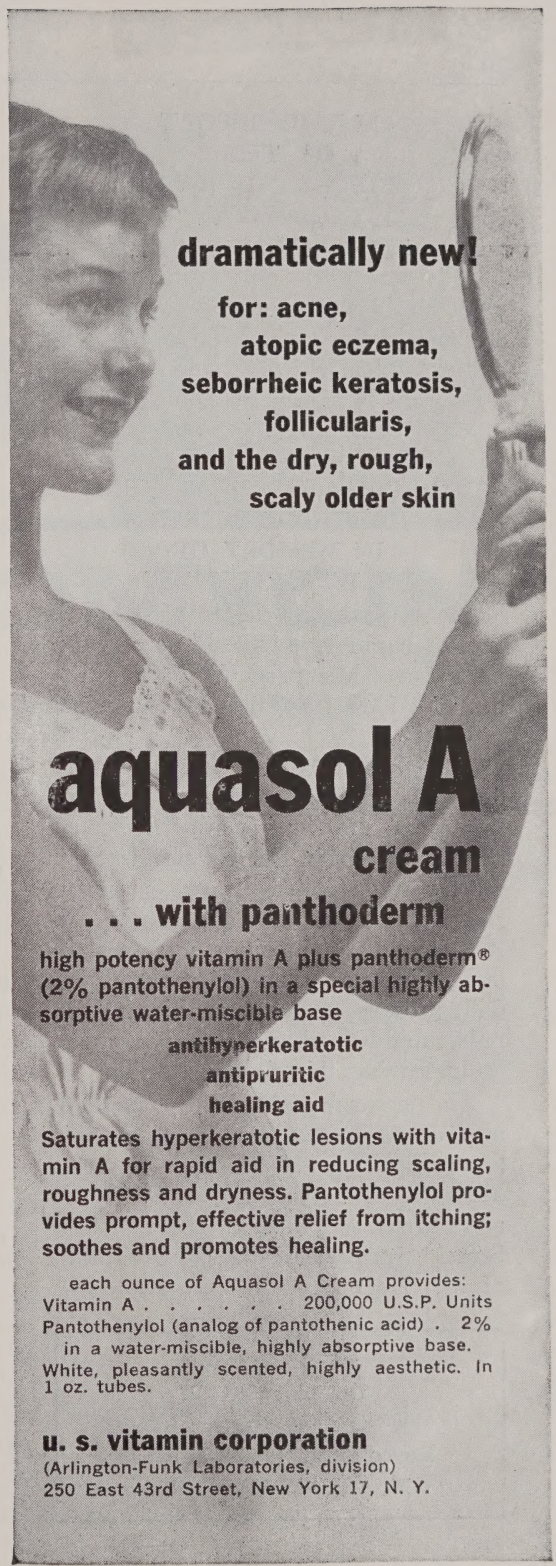
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ANNUAL REPORT OF THE MEDICAL ADVISORY COMMITTEE (1961)

This year again no medical recruitment problems presented themselves. Because of this no meetings were held, and no action was otherwise taken.

Noah N. Feldman, M.D.
Chairman

MUNICIPAL HOSPITAL FUND DRIVE TO BE HELD IN MEMORY OF DR. W. A. R. CHAPIN

Associates and friends of Dr. W. A. R. Chapin have united in creating a permanent Memorial Fund for the benefit of the Springfield Municipal Hospital.

This hospital for the chronically disabled came into existence through the leadership of a group of dedicated people of which Dr. Chapin was an outstanding member. It needs certain equipment to improve the Dr. W. A. R. Chapin Auditorium and certain other facilities. The Memorial Fund will provide an opportunity for all public-minded citizens to participate in improving this fine institution.

All persons wishing to contribute may do so by sending checks payable to the Springfield Municipal Hospital Memorial Fund, c/o the Valley Bank and Trust Company, 1351 Main Street, Springfield, Mass., Attention of Mr. Hofman.

SCHOOL PHYSICIANS

The Massachusetts Department of Public Health
In Cooperation With
The Harvard University School of Public Health
Announces

A SHORT COURSE FOR SCHOOL PHYSICIANS

April - May, 1961

Dates April 26, May 3, 10 and 17, 1961

Time 2:00 - 4:00 P.M.

Place Westfield State Teachers College

Subjects:

1. Handicaps requiring special educational adjustment
2. Certain common medical problems of children of school age including streptococcal infection, skin disease, and abdominal pain.
3. Adolescence from the point of view of the school physician.
4. The problem of school phobias and early school drop-outs from the point of view of the physician.

Application should be made as soon as possible to:

Dr. M. Grace Hussey, Director
Division of Maternal and Child Health Services
Massachusetts Department of Public Health
88 Broad Street
Boston 10, Massachusetts

A detailed program will be sent to those who apply.

There will be no charge for this course.

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Modern Electronic Billing & Related Business Services for Medical Men

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100 mg. (with 250 mg. Vit. C),
250 mg. (with 625 mg. Vit. C),
500 mg. (with 1250 mg. Vit. C).

IV

Intramuscular, vials,
100 mg. (with 250 mg. Vit. C),
250 mg. (with 275 mg. Vit. C).
(each with procaine HCl 40 mg., magnesium chloride 46.84 mg.)

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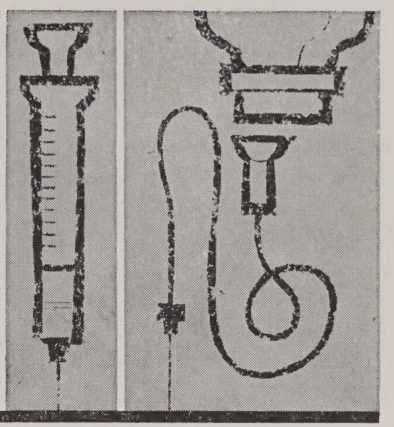

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AEROSPACE MEDICAL SYMPOSIUM

Sponsored by Medical Service, USAF, Westover AFB,
Col. I. Louis Hoffman, M.C., Commanding Officer
and
Hampden District Medical Society

Date: April 19, 1961 **Place: Officers' Club, Westover AFB, Mass.**

1:00 P.M. Introductory Talk

1:30 P.M. Effects of Decreased Partial Pressure of Oxygen on Respiratory Physiology

2:00 P.M. Effects of Decreased Barometric Pressure (Dysbarism or Decompression Sickness)

2:30 P.M. 10 Minute coffee break

2:40 P.M. Effects of Motion, Acceleration, Noise, Vibration and Temperature

3:25 P.M. Patient in Flight

3:45 P.M. 10 Minute coffee break

3:55 P.M. Cardiology in Aviation

4:40 P.M. Questions on any of above

5:00-6:00 P.M. Cocktail hour

6:00-7:00 P.M. Dinner

7:00 P.M. "MAN IN SPACE"

Cocktails and Dinner $5.00

Reservations for dinner must be made, by check, in advance.

Make check payable to H.D.M.S. and mail to
H. Memery, M.D., 130 Maple S.t, Springfield, Mass.

ANNUAL REPORT
MENTAL HEALTH COMMITTEE
(April, 1961)

During the past year, the Mental Health Committee, which has increased its membership to ten, has attempted to execute its two primary objectives: (1) to keep the District Society informed regarding significant psychiatric activities and (2) to participate to the mixinum in fulfilling its responsibilities for the Mental Health of the area.

We have had a total of four meetings, and have been especially concerned with the possibility of supplementing existing psychiatric facilities, particularly those relating to acute short-term cases not requiring prolonged hospitalization. To further explore treatment resources, a joint meeting was arranged with the representatives of the State Department of Mental Health and the key people from the Springfield Municipal Hospital for the purpose of ascertaining more about the State's planning for in-patient facilities. It was learned that the State has not yet decided whether to develop further its program at the Municipal Hospital or to attempt to secure quarters at the Springfield Hospital since, in its opinion, there are certain physical and architectural handicaps to be overcome at Municipal. As soon as this matter has been decided upon, the State will so inform us.

Mental Health resources are inadequate in Springfield, as they are throughout the country, and the effectiveness of our treatment services will be determined to a great extent by the co-ordination and collaboration of efforts between existing agencies, as well as between physicians. To that end, the Mental Health Committee has endeavored to increase and improve communications between the men in general practice and those in psychiatry.

At one of our recent meetings, the Executive Secretary of the local Massachusetts Mental Health Association presented a comprehensive picture of that agency, outlining the strategy for more effective treatment programs in the community, and suggesting ways in which he might implement the aims of our Committee.

It may be assumed that the community is aware of the magnitude, if not the nature, of the problems of Mental Health; our Committee appreciates both, and accepts its responsibility for securing the best in the way of psychiatric services.

In closing may I express my sincere gratitude to the members of the Committee and those in the Society who have been so helpful during the year.

Respectfully submitted,
Olive A. Cooper, M.D.,
Chairman

CANCER TEACHING CLINIC
Westfield State Sanatorium
Westfield, Massachusetts
WEDNESDAY, APRIL 26, 1961
from 4:00 to 6:00 P. M.
followed by dinner
in the hospital cafeteria

- SUBJECT: -
"THE TOTAL CARE OF THE ADVANCED CANCER PATIENT"
Guest Speaker: Dr. W. Bradford Patterson
Chief of Professional Services
Pondville Cancer Hospital
Walpole, Massachusetts
Discussants:
Clinicians on the Cancer Service
Westfield State Sanatorium

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Babies started on Enfamil stay on Enfamil

1. The Composition of Milks, Publication 254, National Academy of Sciences and National Research Council, Revised 1953. 2. Brown, G.W.; Tuholski, J.M.; Sauer, L.W.; Minsk, L.D., and Rosenstern, I.: J. Pediat. *56*:391 (Mar.) 1960.

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ANNUAL REPORT OF THE BOARD OF EDITORS (APRIL, 1961)

At the annual meeting of 1960 a by-laws amendment providing for an increase in the number of Associate Editors from six to eight was adopted. Shortly afterwards the executive committee implemented this amendment wisely by appointing as the two additional Associate Editors Drs. Olive A. Cooper and Frank E. Hurley.

1960 marked the 18th anniversary of the Hippocrat and the completion of its 4th year as a monthly publication.

During the year just past the Hippocrat published more Society material than ever before although its total size remained unchanged. This is explainable on the basis that advertising copy has fallen off somewhat of late.

In addition to the usual material the following special features were carried:

1. Completion of "Hospital Construction" series.
2. Second Annual "Essay Contest".
3. "Hampden at Work" series.
4. "The Doctor and His Hobby" This series has proved very popular and has attracted some national attention.

On March 15, 1961 the Board of Editors suffered a grievous loss in the death of Dr. William A. R. Chapin, co-founder of the Hampden Hippocrat, the first issue of which appeared in March, 1943. His interest in the Bulletin never lagged, and he continued until the end to serve on its Board of Editors. The Hippocrat may well serve as a memorial to the manifold contributions that Dr. Chapin made during his lifetime to the Massachusetts Medical Society and the Hampden District Medical Society.

The Board of Editors is striving constantly to improve the quality of the Hippocrat and to enhance its service to the Society. It is profoundly grateful to the officers of the Society for their confidence and support; to its business manager, for keeping the Hippocrat out of the red; and to the Elm Tree Press, for a printing job superbly done.

Respectfully submitted,
Max Millman, M.D.
Editor-in-Chief

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